

Appendix B3.

CLASSROOM SCHEDULE

MASSACHUSETTS COST AND QUALITY OF EARLY CHILDHOOD EDUCATION ABT ASSOCIATES

SITE: _____
RESPONDENT: _____ DATE: _____

Number of children who are enrolled in the room _____
 Number enrolled part-time (less than 25 hrs/week) _____
 Number enrolled full-time (25+ hrs/week) _____

TIME INTERVAL	(A) NUMBER OF CHILDREN SCHEDULED	(B) NUMBER OF STAFF SCHEDULED
6:00 AM		
6:30 AM		
7:00 AM		
7:30 AM		
8:00 AM		
8:30 AM		
9:00 AM		
9:30 AM		
10:00 AM		
10:30 AM		
11:00 AM		
11:30 AM		
12:00 PM		
12:30 PM		
1:00 PM		
1:30 PM		
2:00 PM		
2:30 PM		
3:00 PM		
3:30 PM		
4:00 PM		
4:30 PM		
5:00 PM		
5:30 PM		
6:00 PM		
6:30 PM		
7:00 PM		

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CENTER DIRECTOR INTERVIEW

Thank you very much for taking the time to speak with me and provide me with information about your center. Your participation is very important. As you have been told, all of the information we collect is strictly confidential and will only be seen by project staff. Your center never will be identified by name, and any other identifying information will be kept confidential. In the results of this study, centers will not be discussed individually, but rather will be discussed as a group. If you have any questions or concerns, please do not hesitate to ask.

Center name: _____

Address: _____

Director or other staff member who completes interview:

Date of Interview: _____

Interviewer: _____

CENTER DIRECTOR INTERVIEW

A. GENERAL CENTER INFORMATION

1. Do you have separate programs for school year and summer?

Yes 1

No. 0

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If there are separate programs for the school year and summer and the information cannot be readily combined across the two programs, instruct director to answer questions based on the school year only.

2. How many days of the week is your center regularly open? _____

3. What hours of the day is your center open (Monday - Friday)?

Opens at _____ (use a 24 hr clock)

Closes at _____

4. How many weeks of the year is your center closed? _____

5. Is your organization:

- a. For profit, independent owner/operator..... 1
- b. For profit, local, regional, or national chain 2
- c. Not for profit and not religiously affiliated..... 3
- d. Not for profit and religiously affiliated..... 4
- e. On-site center operated by a business for its employees 5
- f. Other (specify: _____)..... 6

6. Is your program

- Single site..... 1
- Part of a larger agency that delivers child care in more than one site 2

7. Is your program part of a multi-service agency that delivers services other than child care?

- Yes1
- No.0

8. Please indicate whether your program provides any of the following services. Circle all that apply.

- a. Physical health services (e.g. vision, hearing, or dental screening, speech and language services, developmental assessments) 1
- b. Counseling services 2
- c. Social services (e.g. assistance obtaining food stamps, housing, subsidies) 3
- d. Transportation 4

9. What time period reflects your center's annual fiscal year?

- a. January 1 – December 31 1
- b. July 1 – June 30..... 2
- c. October 1 – September 30..... 3
- d. September 1 – August 31 4

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e. Other (specify: _____) 5

10. Is your center accredited by NAEYC?

Yes1 **GO TO Q11**

No.0 **GO TO Q12**

11. When (what year) did you receive your NAEYC accreditation?

_____ **GO TO Q13**

12. Please indicate which statement best describes your program's status regarding accreditation:

- a. Not involved at this time 1
- b. In the process of self study for less than 2 years..... 2
- c. In the process of self study for 2 years or longer 3
- d. Awaiting validation visit or NAECP decision 4
- e. No intention of becoming accredited..... 5
- f. Lapsed accreditation 6

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13. We are interested in the type of curriculum that is used in the room in which we observed. Which of the following best describes the curriculum in that room?

- a. Montessori 1
- b. High Scope 2
- c. High Scope and Montessori combined 3
- d. High Scope in combination with others (not Montessori) 4
- e. Montessori in combination with others (not High Scope) 5
- f. Other, (specify: _____) 6

B. CHILDREN AND STAFF

14. For each age group, please answer the following questions:

Column A: Is your center licensed to serve [this age group]?

Interviewer Instruction: Substitute name of group.

Column B: What is the maximum number of children that you are licensed to serve?

Column C: Do you currently serve any [children in this age group]?

Column D: What is the total number of [children in this age group] that is currently enrolled?

Column E: How many [children in this age group] are enrolled part-time (less than 25 hours per week).

Interviewer Instruction: Part-time hours may be full day, part week or part day – what is important is the number of hours per week.

Column F: How many [children in this age group] are enrolled full-time (25+ hours/week)?

Column G: For children in each age group who attend your program full time, what is the typical number of hours they attend each week? If it varies from week to week, give your best estimate of what is most typical.

	(A) Licensed to Serve		(B) Licensed Max	(C) Currently Serve		(D) Total Enrolled	(E) Part- time Enrolled	(F) Full-time Enrolled	(G) Typical Full Time Hours
	Y	N		Y	N				
Infants (up to 15 mos)	1	0		1	0				
Toddlers (5 mos to 2 yrs 8 mos)	1	0		1	0				
Preschool (2 yrs 9 mos to 4 yrs 11 mos)	1	0		1	0				
Kindergartners (5 & 6 yrs)	1	0		1	0				
School Age (7 to 14 yrs)	1	0		1	0				
Total									

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15. On the attached Part-Time Roster, please list all children who attend your program part-time (less than 25 hrs/wk), which age category they are in, and the number of hours per week they are typically in attendance.

Column A: Please tell me the first name and initial of children who attend part-time. These names are merely markers for you, they will not be used elsewhere. If you prefer to use “child 1,” “child 2,” etc, that is fine.

Column B: Which age category is each child in?
 a) Infants (up to 15 mos)
 b) Toddlers (15 mos to 2 yrs 8 mos)
 c) Preschool (2 yrs 9 mos to 4 yrs 11 mos)
 d) Kindergartners (5 & 6 yrs)
 e) School age (7 to 14 yrs)

Column C: In a typical week, how many hours does this child attend. Was last week a typical week? *If yes*, how many hours did this child attend?

16. How many children in each age category currently participate in the following programs/services:

	Office of Child Care Services Contract	Office of Child Care Services Voucher	Community Partnerships Subsidy	Department of Social Services Contract
Infants (up to 15 mos)				
Toddlers (15 mos to 2 yrs, 8 mos)				
Preschool (2 yrs, 9 mos to 4 yrs, 11 mos)				
Kindergartners (5 & 6 yrs)				
School age (7 to 14 yrs)				
Total number of children				

17. Think about all of the children enrolled in the center. Please give your best estimate of the percentage of children who fall into each group. We are only asking for your best estimate. Use the definitions below as a guide.

- a. Lower income (annual income = under \$30,000)..... _____%
- b. Moderate income (annual income = \$30,000 to \$80,000)..... _____%
- c. High income (annual income = over \$80,000) _____%

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18. We are interested in the highest level of education for the mothers of the children in your center. Think about all of the children in the center. Please give your best estimate of the percentage of mothers who fall into each category. For children without mothers, please consider their primary caretaker.

- a. Less than High School diploma/GED %
- b. At least a High School diploma/GED but no 4 year college degree..... %
- c. Four-year college degree or more %

19. Does your center participate in the Child and Adult Care Food Program (Child Care Food Program)?

- Yes1
- No.0 **GO TO Q21**

20. What percentage of the children in your center are eligible for the program?

_____ %

21. We are interested in the monthly fee you charge for children who are enrolled (in your program) full-time (25+ hours/week), and full year (11+ mos).

Column A: Do you charge multiple rates for [age group] enrolled full-time, full year?

Column B: What is the highest monthly fee for [each age group] enrolled full-time, full year?

Column C: What is the most frequently used monthly rate for [age group] enrolled full-time, full year?

** Ask only if Column A is "yes".*

	(A) Multiple Rates		(B) Highest Monthly Rate	(C) Most Frequently used Monthly Rate
	Y	N		
Infants (up to 15 mos)	1	0		
Toddler (15 mos to 2 yrs 9 mos)	1	0		
Preschool (2 yrs 9 mos to 4 yrs 11 mos)	1	0		
Kindergartners (5 & 6 yrs)	1	0		
School Age (7 to 14 yrs)	1	0		

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22. We are interested in how the number of children and staff change over the course of a typical day as children and staff arrive and depart and/or staff members change duties. For the classroom in which observations were conducted for this study, list the number of children and staff typically present in this classroom at the times of day noted. Consider days that are most typical or occur most often; do not consider days in which there are special events that may change the number of children or staff. *Complete the attached Classroom Schedule.*

In some programs, staff and/or children may shift physical classrooms throughout the day as enrollment increases and/or decreases. For purposes of this schedule, consider the “classroom” to be the group of children who are most often a part of this group. If the whole group (or a majority of the group) moves to another physical room at some point in the day, continue the count of children and staff in that new room. What is most important is to follow the core group of children who are in the observed classroom the majority of the day.

Column A: Record the number of children typically present in this classroom at the times noted in the first column.

Column B: Record the number of staff typically present in this classroom at the times noted in the first column.

23. *Complete the attached Staff Roster. The Roster should include all paid center staff, including the person with whom you are speaking.*

Column A: List the first name and last initial of each staff person.

Column B: Name the job title that best applies to each person.

- a) Head or Lead Teacher refers to persons in charge of a group or classroom of children, often with staff supervisory responsibilities.
- b) Teacher refers to persons who may take responsibility for the classroom at times of the day; collaborates with other teachers. Does not have staff supervisory responsibilities.
- c) Assistant Teacher/Aide refers to persons working under the supervision of a head or lead teacher. May or may not lead certain activities (art projects, storytime) but does not have responsibility for the classroom and does not have staff supervisory responsibilities.
- d) Teacher-Director refers to a person with both teaching and administrative duties on a regular basis (not just filling in for absent teachers).
- e) Floater refers to a regular paid staff person who is not regularly assigned to a particular room, but fills in different positions as necessary.
- f) Paid work-study students
- g) Administrative Personnel
- h) Other professional (e.g. social worker, speech therapist), specify
- i) Other (e.g. cook, maintenance), specify

Column C: Record the salary or wage as documented on payroll records.

Column D: Record whether the salary or wage is hourly, weekly, monthly, or yearly.

Column E: Record the average paid hours per week for all activities, including breaks, paid holidays, sick time. Do not include unpaid overtime.

Column F: Record the number of paid weeks per year for all activities, including paid vacation.

Column G: Record whether the person receives any fringe benefits including health benefits, pension/retirement, life or disability insurance etc.

Column H: Record the highest level of education this person has completed.

- a) Less than high school diploma or GED
- b) High school diploma or GED
- c) AA degree
- d) BA/BS
- e) MA/MS

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- f) Ph.D., JD, MD
- g) Other (specify)

Column I: Circle whether or not this person has received any specialized training in child development, child care, or early childhood education.

Column J: Record how long the person has been working at this center. If the person has been at the center for less than 1 year, write in 0 yrs. and the appropriate number of months. If he or she has been at the center longer than 1 year, round to the nearest year and write ___ yrs. 0 mos.

For Columns K, L, M & N:

We are interested in how staff spend their time in a typical month. Was last month a typical month? (If no, ask about the month before that until the answer is yes). Thinking of that month, _____, please give your best estimate of the following. I don't need you to look through time sheets or records, your best estimate is sufficient.

Column K: How staff spend their time differs from program to program and we're interested in what activities your staff does. There are no right or wrong answers, we are just interested in how your staff spends their time. Record the percentage of the person's paid time that was spent in the classroom caring for children in (month).

Column L: In some programs, staff are not paid for professional development activities such as training or seminars. In other programs, these activities are part of paid time. Record the percentage of the person's paid time that was spent in professional development activities inside or outside of the center in (month).

Column M: Record the percentage of the person's paid time that was spent in other activities in the center. This may include staff meetings, class preparation time in (month).

Column N: Record the percentage of the person's paid time that is spent outside the center in other activities, excluding professional development in (month). This may include administrative meetings as part of a larger organization.

24. For each category of staff below (whether full or part-time); how many have left the center in the past 12 months?

- a. Head or Lead Teacher _____
- b. Teacher _____
- c. Assistant Teacher/Aide* _____
- d. Teacher-Director _____
- e. Other (specify: _____) _____

*do not include work-study students

25. Of those who left in the past 12 months, how many left for the following reasons:

	Head or Lead Teacher	Teacher	Assistant Teacher	Teacher Director	Other
a. To go to another child care facility					
b. To go to a non-child care job					
c. To stop working					
d. Laid-off due to low					

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enrollment					
e. Dismissed for other reasons					
f. Unknown reason					
g. Other (specify: _____)					

26. Thinking about the last time you tried to fill a vacancy, how long did it take you?

	Less than 1 week	1 or 2 weeks	3 or 4 weeks	More than a month	N/A Did not need to hire
Head or Lead Teacher					
Teacher					
Assistant Teacher					
Teacher-Director					

27. When you hired teachers and assistant teachers in the past year, were you able to hire someone at a level of qualifications comparable to (or higher than) the staff who left?

	Yes	No	N/A (did not hire)
a. Head or Lead Teacher	1	0	9
b. Teacher	1	0	9
c. Assistant Teacher	1	0	9
d. Teacher-Director	1	0	9

C. Director’s Background

28. Have you received any specialized training in child development, child care, or early childhood education? Do not include on-the-job training. (“Yes” in Column M of Staff Roster for the Director).

Yes1
 No.0 **GO TO Q30**

29. Where did you receive your training?

- a. In-service workshops at this center 1
- b. Community Partnerships (CPC) funded workshops 2
- c. Workshops in the community or professional meetings..... 3
- d. Courses in high school or vocational school..... 4
- e. CDA training 5
- f. Courses in a community college or a four year college..... 6
- g. AA in early childhood education or child development..... 7
- h. RN 8
- i. BA/BS in ECE, child development, nursing, education, etc 9
- j. Graduate level courses (no graduate degree) 10
- k. Graduate degree in ECE, child development, etc. 11

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30. Prior to working at this center, how many years of experience did you have in child care or other child-related work? By experience we mean either paid positions or supervised volunteer work in a group setting, or experience that your state licensing agency considers applicable for purposes of meeting state regulations.

_____ years

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D. Income

31. For your most recent fiscal year, please provide the amount of funds your center received from each of the following sources. Include cash donations only. If the center does not receive funds from a particular source, enter 0. (Record in whole dollars, do not include cents.) We are interested in (1) sources of funding for this center in particular; and/or (2) if this center is part of a larger organization, sources of funding that may be raised by or for the larger organization and then applied to this center.

<u>Source of Funding</u>	<u>Amount of Funds Received in Most Recent Fiscal Year</u>
a. Parent fees	\$ _____
b. Employer-sponsored funds	\$ _____
c. Higher education institution funds	\$ _____
d. Local, state, and federal government- provided child care food subsidies, such as the Child Care Food Program	\$ _____
e. Federal government funds, excluding food subsidies	\$ _____
f. State and local government funds, excluding food subsidies	\$ _____
g. Church or synagogue funds	\$ _____
h. Non-profit/community donations	\$ _____
i. Center fund-raising (before expenses)	\$ _____
j. Foundation grants	\$ _____
k. Other (specify) _____	\$ _____
Total funds received (must equal sum of a - k)	\$ _____

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E. Expenses

32. How many years has this center been in operation? _____
If 2 years or less, go to Q33. If longer than 2 years, skip to Q34.

33. Please indicate the types of start-up costs that were incurred by your center before it was in full operation. Where costs were incurred, estimate the costs. Start-up costs are incurred as the result of developing a new center, and are usually incurred before the center has started operation. These costs generally include planning, administration, training, occupancy (space), and equipment. (If you cannot provide costs by category, please provide the total amount. Round to the nearest whole dollar.

Start-up cost categories	Circle one	If yes, amount of costs incurred
a. Planning and administration	Yes No	\$ _____
b. Teacher training	Yes No	\$ _____
c. Supplies and equipment	Yes No	\$ _____
d. Occupancy (space)	Yes No	\$ _____
e. Advertising	Yes No	\$ _____
f. Other (specify) _____	Yes No	\$ _____
Total (must equal sum of a - f)		\$ _____

34. Please provide your center's total expenditures for the most recent fiscal year (use same year as in previous section) for each of the following categories. Enter the amount paid, 0 if none. Round to nearest whole dollar. As with the previous section on income, we are interested in (1) expenses for this center in particular; and/or (2) if this center is part of a larger organization, expenses that are charged to this center in particular.

Total Labor Costs (*sum of a + b*) \$ _____

(Please include all persons who work at this center either full or part-time).

a. Salaries and wages \$ _____

b. Fringe benefits and payroll taxes \$ _____

Total Other Direct Costs (*sum of a - n*) \$ _____

a. Purchased food \$ _____

b. USDA assigned value of donated commodities received \$ _____

c. Rent/mortgage/fee for space \$ _____

d. Telephone and utilities \$ _____

e. Repairs and maintenance \$ _____

f. Educational expenditures (e.g. books, supplies, equipment, field trips) \$ _____

g. Office supplies and equipment \$ _____

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- h. Liability and other insurance \$ _____
- i. Professional fees (e.g. accountants, consultants, attorneys) \$ _____
- j. Contractual fees (e.g. janitorial services, painters) \$ _____
- k. Professional development fees (e.g., trainer coming to center, fees for staff to attend courses) \$ _____
- l. Printing and advertising \$ _____
- m. Supplementary services \$ _____
- n. Miscellaneous/other \$ _____

Total Center Costs (*sum of total labor costs & total direct costs*) \$ _____

35. What amount of space, indoor and outdoor, does your center have?

- a. Indoor space _____ square feet
- b. Outdoor space _____ square feet

36. What amount of usable space for children, indoor and outdoor, does your center have?

- a. Usable indoor space _____ square feet
- b. Usable outdoor space _____ square feet

37. Does your center pay rent for space?

- a. Yes 1 **GO TO Q40**
- b. No, pay mortgage..... 2 **GO TO Q38**
- c. No, own space outright..... 3 **GO TO Q44**
- d. No, school-based 4 **GO TO Q43**
- e. No, employer-based 5 **GO TO Q43**
- f. No, church/synagogue-based..... 6 **GO TO Q43**
- g. No, donated space 7 **GO TO Q43**
- h. Other (specify: _____)..... 8 **GO TO Q43**

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38. In what year did your center obtain the mortgage for your building?

Enter year _____

39. What is your mortgage payment? *(Round to nearest whole dollar).*

\$ _____ per month **GO TO Q44**

40. Does your rent payment include access to an outdoor play area?

Yes1

No.0

41. What is your rent payment? *(Round to nearest whole dollar).*

\$ _____ per month

42. Is your center paying fair market value for space, that is, the rent that would be paid on the open market?

- a. Yes 1 **GO TO Q44**
- b. No, paying higher rent 2 **GO TO Q43**
- c. No, paying lower rent..... 3 **GO TO Q43**
- d. Don't know..... 4 **GO TO Q44**

43. If you are not paying rent or are not paying fair market value, what is the fair market value of the space you rent? If your space is donated, what is the fair market value of the space? *(Round to nearest whole dollar. Enter DK if don't know).*

\$ _____ per month **GO TO Q44**

44. Is your center part of a larger organization?

Yes1

No.0 **GO TO Q47**

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45. Does the parent organization provide your center with any administrative or other services (e.g., accounting, payroll, information technology) or any direct costs (e.g. utilities, telephone, insurance)? Do not include donated space.

Yes1
 No.0 **GO TO Q47**

46. For each of the services or direct costs listed below, please answer the following questions. If there are other services or direct costs which are provided to you by the parent organization, please specify each under “other” and answer the questions.

Column A: Does the parent organization provide your center with this? If yes, continue to Column B for this service/direct cost. If no, continue to next service/direct cost.

Column B: Is your center charged for this service/direct cost (either directly or through an indirect cost rate)? If yes, identify the charges on your annual expense statement (Q34) and move to next service/direct cost on list.

Column C: What would you do if your center did not receive this service/direct cost from your parent organization?

Put in appropriate letter.

- a. Would do without.
- b. Would hire additional staff to perform the service.
- c. Would contract for the service, or purchase it directly.
- d. Current center staff would perform the service.

If b or c continue to Column D. If a or d move to next service/direct-cost on list.

Column D: What is your best estimate of how much you would have to pay per year for this service/direct cost.

Service/Direct Costs	(A) Parent Organization Provide?		(B) Center Charged?		(C) Pay For It?	(D) Cost per Year Estimate
	Y	N	Y	N		
Administrative Services	1	0	1	0		
Maintenance or janitorial service	1	0	1	0		
Telephone or utilities	1	0	1	0		
Office supplies or equipment	1	0	1	0		
Liability or other insurance	1	0	1	0		
Other (specify: _____)	1	0	1	0		
Other (specify: _____)	1	0	1	0		
Other (specify: _____)	1	0	1	0		
Other (specify: _____)	1	0	1	0		

47. Does your center use any regular volunteers, either parents or non-parents who work at your center at least four hours per month?

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Yes1
No.0 **GO TO END**

48. What services do these volunteer perform?

- a. Assist caregivers..... 1
- b. Clerical 2
- c. Other (specify: _____)..... 3

49. Who would perform these services for the center if you did not have these volunteers?

- a. Would hire additional staff..... 1
- b. Would contract for the services 2
- c. Current center staff..... 3 **GO TO END**
- d. Would do without these services..... 4 **GO TO END**

50. What is your best estimate of how much you would have to pay for the additional staff or contractor?

\$ _____ per month

END

Thank you very much for participating in our study. The information you have provided will help us determine the costs of providing child care in centers like yours.

OTHER INTERVIEW TASKS:

Square footage of center: _____ square feet.

Square footage of room in which observations were conducted: _____ square feet.

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PART-TIME ROSTER
Massachusetts Cost and Quality Early Childhood Education

Program ID: _____

Interviewer: _____ Date: _____

(A) Child First Name, Last Initial	(B) AGE CATEGORY	(C) PART-TIME HOURS PER WEEK
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
18)		
19)		
20)		
21)		
22)		

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STAFF ROSTER

Massachusetts Cost and Quality of Early Childhood Education

Program ID: _____

Interviewer: _____ Date: _____

(A) First Name, Last Initial	(B) Title/ Position	(C) Salary/ Wage	(D) Basis Paid				(E) Total Hrs/WK	(F) Total WKS/YR	(G) Any Fringe Benefits		(H) Highest Level of Education	(I) Specialized Training		(J) time At Center		(K) Class Room	(L) Prof. Dev.	(M) Other Center	(N) Non- Center
			HR	WK	MO	YR			Y	N		Y	N	Yrs	Mos				
1)			1	2	3	4			1	0		1	0						
2)			1	2	3	4			1	0		1	0						
3)			1	2	3	4			1	0		1	0						
4)			1	2	3	4			1	0		1	0						
5)			1	2	3	4			1	0		1	0						
6)			1	2	3	4			1	0		1	0						
7)			1	2	3	4			1	0		1	0						
8)			1	2	3	4			1	0		1	0						
9)			1	2	3	4			1	0		1	0						
10)			1	2	3	4			1	0		1	0						
11)			1	2	3	4			1	0		1	0						
12)			1	2	3	4			1	0		1	0						
13)			1	2	3	4			1	0		1	0						
14)			1	2	3	4			1	0		1	0						

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STAFF ROSTER

Massachusetts Cost and Quality of Early Childhood Education

Program ID: _____

Interviewer: _____ Date: _____

(A) First Name, Last Initial	(B) Title/ Position	(C) Salary/ Wage	(D) Basis Paid				(E) Total Hrs/WK	(F) Total WKS/YR	(G) Any Fringe Benefits		(H) Highest Level of Education	(I) Specialized Training		(J) time At Center		(K) Class Room	(L) Prof. Dev.	(M) Other Center	(N) Non- Center
			HR	WK	MO	YR			Y	N		Y	N	Yrs	Mos				
15)			1	2	3	4			1	0		1	0						
16)			1	2	3	4			1	0		1	0						
17)			1	2	3	4			1	0		1	0						
18)			1	2	3	4			1	0		1	0						
19)			1	2	3	4			1	0		1	0						
20)			1	2	3	4			1	0		1	0						
21)			1	2	3	4			1	0		1	0						
22)			1	2	3	4			1	0		1	0						
23)			1	2	3	4			1	0		1	0						
24)			1	2	3	4			1	0		1	0						
25)			1	2	3	4			1	0		1	0						
26)			1	2	3	4			1	0		1	0						
27)			1	2	3	4			1	0		1	0						
28)			1	2	3	4			1	0		1	0						

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STAFF ROSTER
 Massachusetts Cost and Quality of Early Childhood Education

Program ID: _____

Interviewer: _____ Date: _____

(A) First Name, Last Initial	(B) Title/ Position	(C) Salary/ Wage	(D) Basis Paid				(E) Total Hrs/WK	(F) Total WKS/YR	(G) Any Fringe Benefits		(H) Highest Level of Education	(I) Specialized Training		(J) time At Center		% Paid Time In Activities			
			HR	WK	MO	YR			Y	N		Y	N	Yrs	Mos	(K) Class Room	(L) Prof. Dev.	(M) Other Center	(N) Non- Center
29)			1	2	3	4			1	0		1	0						
30)			1	2	3	4			1	0		1	0						
31)			1	2	3	4			1	0		1	0						
32)			1	2	3	4			1	0		1	0						
33)			1	2	3	4			1	0		1	0						
34)			1	2	3	4			1	0		1	0						
35)			1	2	3	4			1	0		1	0						
36)			1	2	3	4			1	0		1	0						